| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   |   |  | Docket No.<br>0033-0964PUS1 |  |
|--|---|---|-----------------------------------|---|--|-----------------------------|--|
| Application No.  |   | Filing Date                             |                                   | Examiner  |  | Art Unit                    |  |
| 10/516,881 - Conf. #1659   |   | December 03, 2004                       |                                   | M. DWIVED   | 1                                      | 2168                        |  |
| pplicant(s): Kaz   | uyuki NAKO                                |   |                                   | Annual III  |  |                             |  |
|  | AY DEVICE, D<br>G VIEWER PF               |   |                                   | R PROGRAM, AND<br>REON  | RECORD                                 | ING MEDIUN                  |  |
| IS Amendment<br>commissioner for<br>.O. Box 1450<br>llexandria, VA 223                               |   |   |                                   |   |  |                             |  |
| Transmitted here   | with is an ame                            | ndment in the                           | above-identif                     | ied application.  |  |                             |  |
| The fee has beer   | n calculated an                           | d is transmitte                         | d as shown b                      | elow.   |  |                             |  |
|  | <b>*</b>                                  | ,                                       | S AS AMEN                         | DED   |  |                             |  |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate  |  |                             |  |
| Total Claims   | 10  | - 20 =                                  | 0                                 | X   | V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V- | 0.00                        |  |
| Independent<br>Claims  | 3   | - 5 =                                   | 0                                 | ×   |  | 0.00                        |  |
| Multiple Dependent Claims (check if applicable)  |   |   |                                   |   |  | 0.00                        |  |
| Other fee (please specify):  |   |   |                                   |   |  | 0.00                        |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |   |   |                                   |   |  | 0.00                        |  |
| Large Entity   |   |   |                                   | Small Entity  |  |                             |  |
| No additiona   | al fee is require                         | d for this amer                         | ndment.                           | Security of the second |  |                             |  |
| Please charg   | ge Deposit Acc                            | count No                                | )2-2448 i                         | n the amount of \$ _  |  |                             |  |
| A duplicate of   | copy of this she                          | eet is enclosed                         | <b>l.</b>                         |   |  |                             |  |
| A check in the   | ne amount of \$                           |   | is enclo                          | sed.  |  |                             |  |
| Payment by   | credit card. Fo                           | orm PTO-2038                            | is attached.                      |   |  |                             |  |
| X The Director as described  | •   | orized to char                          | ge and credit                     | Deposit Account No  | 02-                                    | 2448                        |  |
| x Credit a   | ny overpaymer                             | nt.                                     |                                   |   |  |                             |  |
| x Charge a   | any additional fil                        | ing or applicatio                       | n processing                      | fees required under 3   | 7 CFR 1.1                              | 6 and 1.17.                 |  |
| Rolet Michael R. Cam<br>Attorney Reg. N  | Drun =<br>nmarata<br>No.: 39491           | # 48222<br>Robert 1                     | Downs                             | Dated:  | January 1                              | 4, 2011                     |  |
| BIRCH, STEWAI<br>8110 Gatehouse<br>P.O. Box 747<br>Falls Church, VA<br>United States<br>703-205-8000 | Road, Suite 100                           |   |                                   |   |  |                             |  |